

# SMILE HIGH DENTAL CARE

10311 WASHINGTON STREET  
THORNTON, COLORADO 80229

## FINANCIAL POLICY

Cash patients are expected to pay with cash, check or credit card the day the service is scheduled - unless specific arrangements are made in advance.

For those patients covered by insurance, we will accept assignment of benefits. This means you must sign the portion of your insurance form that assigns payment to our office.

Most policies do not cover 100% of the cost of your treatment. Because of this, and the extreme delay in receiving payment from the insurance company, you will be asked to pay the deductible, if any, and your portion of the charges the day the service is scheduled.

We will estimate, as closely as possible, your coverage, but until we actually receive the payment from the insurance company, it is just an **estimate**. We will assist you in dealing with the insurance company, but ultimately the responsibility lies with you. If, after 45 days, the insurance company hasn't paid, the balance will be due, in full, by you.

If you have any questions, feel free to ask them at any time. We wish to be of assistance in any way we can.

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(Printed Name)

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(Signature)

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(Date)

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## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*

I have received a copy of this office's Privacy Practices:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
  - Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
Presented By: \_\_\_\_\_ Date: \_\_\_\_\_